

**APPLICATION FOR TAX REBATE UNDER THE CITY OF WICHITA
NEIGHBORHOOD REVITALIZATION PROGRAM**

5-1-02

(PLEASE PRINT OR TYPE)

PART 1

OWNER'S NAME

DAYTIME PHONE NO.

OWNER'S MAILING ADDRESS

ZIP CODE

PROPERTY ADDRESS

ZIP CODE

SCHOOL DISTRICT NUMBER

PARCEL IDENTIFICATION NUMBER

(TAKE PARCEL ID NUMBER AND LEGAL DESCRIPTION FROM YOUR TAX STATEMENT OR CALL THE COUNTY CLERK'S OFFICE)

LEGAL DESCRIPTION

(USE ADDITIONAL SHEETS IF NECESSARY)

PROPERTY USE (CHECK TWO)

RESIDENTIAL
RENTAL

NON-RESIDENTIAL
OWNER-OCCUPIED

IS PROPERTY LIST ON HISTORICAL REGISTER OR IN HISTORIC DISTRICT?

NO

YES (IF YES ATTACH PROOF)

PROPOSED IMPROVEMENTS

(BE SPECIFIC AND USE ADDITIONAL SHEETS IF NECESSARY)

IMPROVEMENTS

BUILDING PERMIT VALUE

\$

\$

TOTAL BUILDING PERMIT VALUE \$

PROJECTED DATE OF COMPLETION

ACTUAL

ESTIMATED

LIST BUILDINGS TO BE DEMOLISHED

IF DEMOLISHING A RESIDENTIAL STRUCTURE, LIST THE NUMBER OF DWELLING UNITS BEING
DEMOLISHED (LIST TENANTS OCCUPYING THE BUILDING WHEN PURCHASED, IF KNOWN OR PRESENT TENANTS)

TENANT

DATE OF OCCUPANCY

CONSTRUCTION TO BEGIN ON

200

WRECKING PERMIT NO./BUILDING PERMIT NO. (ATTACH COPY)

BY _____
(APPLICANT'S SIGNATURE)

DATE

FOR FINANCE DEPARTMENT USE ONLY

As of _____ 200__ the assessed valuation is:

LAND	\$ _____
IMPROVEMENTS	\$ _____
TOTAL	\$ _____

As of _____ 200__ the property taxes are:

☐ CURRENT ☐ NOT CURRENT

Based upon the above listed improvements and associated costs supplied by the applicant, the improvements ☐ **MAY** ☐ **MAY NOT** meet the percentage tests for a tax rebate.

BY _____ DATE _____

PART 2

STATUS OF CONSTRUCTION COMPLETION

As of _____ 200__ the construction improvement is complete.

BY _____ DATE _____

FOR COUNTY APPRAISER'S USE ONLY

THE ABOVE IMPROVEMENTS ASSESSED VALUE IS:

	PRIOR TO IMPROVEMENT	AFTER IMPROVEMENT	AMOUNT SUBJECT TO REBATE
LAND	\$ _____	\$ _____	\$ _____
IMPROVEMENTS	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____

BY _____ DATE _____
(SEDGWICK COUNTY APPRAISER'S OFFICE)

FOR COUNTY CLERK'S OFFICE ONLY

As of _____ 200__ Taxes on this parcel ARE ☐ ARE NOT ☐ current.

BY _____ DATE _____
(SEDGWICK COUNTY CLERK'S OFFICE)

FOR CITY FINANCE DEPARTMENT USE ONLY

THE ABOVE APPLICANT ☐ **IS** ☐ **IS NOT** IN CONFORMANCE WITH THE REQUIREMENTS OF THE CITY OF WICHITA NEIGHBORHOOD REVITALIZATION PROGRAM.

REASON APPLICANT **IS NOT** IN CONFORMANCE _____

BY _____ DATE _____
(FINANCE DEPARTMENT)